



# LIBRARY MEMBERSHIP APPLICATION FORM

(Print out and fill in your details)

## PERSONAL INFORMATION

First Name:

Surname:

Birth of Date:

Mobile Number:

Email Address:

Ward:  Gender:  Male  Female

District:

Mailing Address:

Country:

Member Signature:  Date:

## For Official Use Only

Membership Accepted:  Yes  No

Member Number:

Valid from:  Expiry Date:

Signed by:

Signature:

